



Erie Insurance Exchange

Ultrapack Plus Policy Declarations

Renewal Certificate

Mailing Name and Address for Insured:

2726 W CORTEZ CONDOMINIUM
ASSOCIATION
2726 W CORTEZ ST UNIT 2
CHICAGO IL 60622-3419

**Other Interest:**

MM1205

Named Insured's Full Name:

2726 W. Cortez Condominium Association

Agent:

MM1205 WOODMAN CISON & ASSOCIATES LLC

Policy Period:

07/20/2017 to 07/20/2018 Q970203667

Policy Number:**Agent Address and Phone**

WOODMAN CISON & ASSOCIATES LLC
1301 S WOLF RD STE 403
PROSPECT HEIGHTS IL 60070-1717
847-941-9041

Policy begins at 12:01 A.M. standard time on the effective date and ends at 12:01 A.M. standard time on the expiration date. Standard time is determined at the stated address of the named insured.

The insurance applies to those premises described below. This is subject to all applicable terms of the policy and attached forms and endorsements.

Premium Summary

Total Annual Policy Premium:**\$2,602.00**

(This is not a bill. Your invoice will follow in a separate mailing.)

Property Protection - As Per Attached Supplemental Declarations

Deductible (Property Protection Only) \$1,000

Policy-Level Coverages

Liability Protection**Limits of Insurance****Commercial General Liability Limits of Insurance**

Each Occurrence Limit	\$1,000,000
Damage to Premises Rented to You	\$1,000,000 Any One Premises
Medical Expense limit	\$10,000 Any One Person
Personal & Advertising Injury Limit	\$1,000,000 Any One Person or Organization
General Aggregate Limit	\$2,000,000
Products/Completed Operations Aggregate Limit	\$2,000,000

Processed On: 04/26/2017 (See Reverse Side)

Insured Name:	2726 W. Cortez Condominium Association
Policy Number:	Q970203667
Policy Period:	07/20/2017 to 07/20/2018

Page 2 of 4

Optional Coverages	Deductible	Amount of Insurance
Policy-Level Optional Coverages:		
Property and Inland Marine - Optional Coverages:		
Terrorism		Included
General Liability - Optional Coverages:		
Directors and Officers- Condominiums		
Retroactive Date-07/20/12		\$1,000,000 Each Claim/
Self-Insured Retention-\$1,000		\$2,000,000 Aggregate
3 Units		

Insured Name: 2726 W. Cortez Condominium Association
 Policy Number: Q970203667
 Policy Period: 07/20/2017 to 07/20/2018

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Supplemental Declarations

Location 1 / Building 1

Address:
 2726 W CORTEZ ST
 CHICAGO IL 60622-3419
County: Cook

Occupancy/Operations:
 Habitational Condominiums - Lessor Risk

Interest of Named Insured In Such Premises: Condo Association

Coverage	Deductible	Amount of Insurance
Property Protection		
1. Buildings		Guaranteed Replacement Cost*
2. Business Personal Property and Personal Property of Others		NIL
3. Income Protection & Extra Expense		Actual Loss Sustained 12 Months

*The amount of Insurance applying to the Building is the Replacement Cost at the time of the loss, subject to policy conditions and requirements. The estimated Replacement Cost of the Building is \$1,027,000

Automatic Adjustment of Building Coverage - 1%

Property and Inland Marine - Optional Coverages:

Building Ordinance or Law Coverage - Increased Coverage & Income Protection 10% of Limit		\$102,700
Sewer and Drain Backup	\$500	\$25,000

Schedule of Static Forms

Form Number	Edition Date	Description
/		
UPP	01/10	ULTRAPACK PLUS POLICY
PK0001	02/17 *	ULTRAPACK PLUS COMMERCIAL PROPERTY COVERAGE PART
PKAH	01/12	BUILDING ORDINANCE OR LAW - INCREASED COVERAGE AND INCOME PROTECTION COVERAGE
PKAX	01/10	PRODUCTION OR PROCESS MACHINERY - DEDUCTIBLE
PKAY	12/14	SEWER AND DRAIN BACK-UP COVERAGE
PKBH	01/12	GUARANTEED REPLACEMENT COST COVERAGE
PKUA	01/10	CONDOMINIUM ASSOCIATION COVERAGE
CL0201	05/12 *	IMPORTANT NOTICE TO ILLINOIS POLICYHOLDERS REGARDING CONSUMER COMPLAINT/CIVIL UNION NOTIFICATIONS
CL0209	11/10	IMPORTANT NOTICE - LEAD LIABILITY EXCLUSION
CL0212	11/10 *	IMPORTANT NOTICE - POLICY SERVICE FEES
CL0217	11/10 *	IMPORTANT NOTICE - NO FLOOD COVERAGE
CL0227	07/11 *	IMPORTANT NOTICE TO ILLINOIS POLICYHOLDERS MINE SUBSIDENCE INSURANCE AVAILABLE
PKGP	01/10	AMENDMENT OF MOBILE EQUIPMENT DEFINITION
PKRA	06/10	ILLINOIS AMENDATORY ENDORSEMENT
PK0005	07/16	ULTRAPACK PLUS EXTRA LIABILITY COVERAGES ILLINOIS
CG0001	04/13	COMMERCIAL GENERAL LIABILITY COVERAGE FORM
CG0099	11/85	CHANGES IN GENERAL LIABILITY FORMS FOR COMMERCIAL PACKAGE POLICIES

Processed On: 04/26/2017 (See Reverse Side)

Insured Name: 2726 W. Cortez Condominium Association

Policy Number: Q970203667

Policy Period: 07/20/2017 to 07/20/2018

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Schedule of Static Forms - (continued)

Form Number	Edition Date	Description
CG0165	08/05	ILLINOIS CHANGES - CONDOMINIUMS
CG0200	12/07	ILLINOIS CHANGES - CANCELLATION AND NONRENEWAL
CG2004	11/85	ADDITIONAL INSURED - CONDOMINIUM UNIT OWNERS
CG2147	12/07	EMPLOYMENT-RELATED PRACTICES EXCLUSION
CG2167	12/04	FUNGI OR BACTERIA EXCLUSION
UFB213	11/12 *	SUBSCRIBER'S AGREEMENT
CG2170	01/15	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
CG2196	03/05	SILICA OR SILICA-RELATED DUST EXCLUSION
PKGM	12/14	PUNITIVE DAMAGES COVERAGE ILLINOIS
CL0396	10/15	IMPORTANT NOTICE - DATA BREACH RESPONSE EXPENSES COVERAGE
CG2106	05/14	EXCL-ACCESS OR DISCLOSURE OF CONFIDENT OR PERS INFO AND DATA-RELATED LIAB - WITH LIMIT BOD INJ EXCEP
PKKEIL	07/16	DIRECTORS AND OFFICERS LIABILITY COVERAGE - CONDOMINIUMS ILLINOIS
PKUD	01/10	CONDOMINIUMS - LIABILITY COVERAGE
CG2109	06/15	EXCLUSION - UNMANNED AIRCRAFT
IL0017	11/98	COMMON POLICY CONDITIONS
IL0021	09/08	NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT (BROAD FORM)
IL0147	09/11	ILLINOIS CHANGES - CIVIL UNION
IL0162	10/13	ILLINOIS CHANGES - DEFENSE COSTS
IL0952	01/15	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
IL985F	01/15 *	DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT
PKMJ	01/10	EXCLUSION - LEAD LIABILITY
PKMD	01/10	EXCLUSION - ASBESTOS
PKMQ	12/14	EXCLUSION - PROFESSIONAL LIABILITY
PKRO	01/10	AMENDMENT OF POLICY - TWO OR MORE COVERAGE PARTS



Member • Erie Insurance Group
100 Erie Ins. Pl. • Erie, PA 16530

Erie Insurance Exchange

Ultrapack Plus Policy Declarations**Renewal Certificate****Mailing Name and Address for Insured:**

2726 W CORTEZ CONDOMINIUM
C/O MELINDA SGARIGLIA
2726 W CORTEZ ST UNIT 1
CHICAGO IL 60622-3419



223196163
MM1205

Other Interest:**Named Insured's Full Name:**

2726 W. Cortez Condominium Association

Agent:

MM1205 WOODMAN CISON & ASSOCIATES LLC

Policy Period:

07/20/2019 to 07/20/2020

Policy Number:

Q970203667

Agent Address and Phone

WOODMAN CISON & ASSOCIATES LLC
1301 S WOLF RD STE 403
PROSPECT HEIGHTS IL 60070-1717
847-941-9041

Policy begins at 12:01 A.M. standard time on the effective date and ends at 12:01 A.M. standard time on the expiration date. Standard time is determined at the stated address of the named insured.

The insurance applies to those premises described below. This is subject to all applicable terms of the policy and attached forms and endorsements.

Premium Summary

Total Annual Policy Premium: \$2,779.00
(This is not a bill. Your invoice will follow in a separate mailing.)

Property Protection - As Per Attached Supplemental Declarations
Deductible (Property Protection Only) \$1,000

Policy-Level Coverages**Liability Protection****Limits of Insurance****Commercial General Liability Limits of Insurance**

Each Occurrence Limit	\$1,000,000
Damage to Premises Rented to You	\$1,000,000 Any One Premises
Medical Expense limit	\$10,000 Any One Person
Personal & Advertising Injury Limit	\$1,000,000 Any One Person or Organization
General Aggregate Limit	\$2,000,000
Products/Completed Operations Aggregate Limit	\$2,000,000

Processed On: 04/26/2019 (See Reverse Side)



Insured Name: 2726 W. Cortez Condominium Association
Policy Number: Q970203667
Policy Period: 07/20/2019 to 07/20/2020

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Optional Coverages**Deductible****Amount of Insurance****Policy-Level Optional Coverages:****Property and Inland Marine - Optional Coverages:**

Terrorism

Included

General Liability - Optional Coverages:

Directors and Officers-Condominium or Homeowner Associations

Retroactive Date-07/20/12

Self-Insured Retention-\$1,000

3 Units

\$1,000,000 Each Claim/

\$2,000,000 Aggregate

Insured Name: 2726 W. Cortez Condominium Association
 Policy Number: Q970203667
 Policy Period: 07/20/2019 to 07/20/2020

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Supplemental Declarations

Location 1 / Building 1

Address:

3 W CORTEZ ST
 CHICAGO IL 60622-3419
 Occupancy: Cook

Occupancy/Operations:

Habitational Condominiums or Homeowners
 Association - Lessor Risk

Interest of Named Insured in Such Premises: Condominium or Homeowner Associations

Coverage	Deductible	Amount of Insurance
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Property Protection

Buildings		Guaranteed Replacement Cost*
Business Personal Property and Personal Property of Others		NIL
Income Protection & Extra Expense		Actual Loss Sustained 12 Months

The amount of insurance applying to the Building is the Replacement Cost at the time of the loss, subject to policy conditions and requirements. The estimated Replacement Cost of the Building is \$1,100,500

Automatic Adjustment of Building Coverage - 4%

Property and Inland Marine - Optional Coverages:

Building Ordinance or Law Coverage - Increased Coverage & Income Protection 10% of Limit		\$110,050
Sewer and Drain Backup	\$500	\$25,000

Schedule of Static Forms

Form Number	Edition Date	Description
UPP	01/10	ULTRAPACK PLUS POLICY
PK0001	09/18 *	ULTRAPACK PLUS COMMERCIAL PROPERTY COVERAGE PART
PKAH	01/12	BUILDING ORDINANCE OR LAW - INCREASED COVERAGE AND INCOME PROTECTION COVERAGE
PKAX	01/10	PRODUCTION OR PROCESS MACHINERY - DEDUCTIBLE
PKAY	12/14	SEWER AND DRAIN BACK-UP COVERAGE
PKBH	01/12	GUARANTEED REPLACEMENT COST COVERAGE
PKUA	01/10	CONDOMINIUM ASSOCIATION COVERAGE
CL0201	05/12 *	IMPORTANT NOTICE TO ILLINOIS POLICYHOLDERS REGARDING CONSUMER COMPLAINT/CIVIL UNION NOTIFICATIONS
CL0209	11/10	IMPORTANT NOTICE - LEAD LIABILITY EXCLUSION
CL0212	11/10 *	IMPORTANT NOTICE - POLICY SERVICE FEES
CL0217	11/10 *	IMPORTANT NOTICE - NO FLOOD COVERAGE
CL0227	07/11 *	IMPORTANT NOTICE TO ILLINOIS POLICYHOLDERS MINE SUBSIDENCE INSURANCE AVAILABLE
PKGP	01/10	AMENDMENT OF MOBILE EQUIPMENT DEFINITION
PKRA	06/10	ILLINOIS AMENDATORY ENDORSEMENT
PK0005	07/16	ULTRAPACK PLUS EXTRA LIABILITY COVERAGES ILLINOIS
CG0001	04/13	COMMERCIAL GENERAL LIABILITY COVERAGE FORM
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Processed On: 04/26/2019 (See Reverse Side)

Insured Name: 2726 W. Cortez Condominium Association
 Policy Number: Q970203667
 Policy Period: 07/20/2019 to 07/20/2020

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Supplemental Declarations

Location 1 / Building 1

Address:
 726 W CORTEZ ST
 CHICAGO IL 60622-3419
 County: Cook

Occupancy/Operations:
 Habitational Condominiums or Homeowners
 Association - Lessor Risk

Interest of Named Insured In Such Premises: Condominium or Homeowner Associations

Coverage	Deductible	Amount of Insurance
Property Protection		
1. Buildings		Guaranteed Replacement Cost*
2. Business Personal Property and Personal Property of Others		NIL
3. Income Protection & Extra Expense		Actual Loss Sustained 12 Months
*The amount of insurance applying to the Building is the Replacement Cost at the time of the loss, subject to policy conditions and requirements. The estimated Replacement Cost of the Building is \$1,100,500		
Automatic Adjustment of Building Coverage - 4%		
Property and Inland Marine - Optional Coverages:		
Building Ordinance or Law Coverage - Increased Coverage & Income Protection		
10% of Limit		\$110,050
Sewer and Drain Backup	\$500	\$25,000

Schedule of Static Forms

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 Policy Number: Q970203667
 Policy Period: 07/20/2019 to 07/20/2020

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Supplemental Declarations

Location 1 / Building 1

Address:

2726 W CORTEZ ST
 CHICAGO IL 60622-3419

County: Cook

Occupancy/Operations:

Habitational Condominiums or Homeowners
 Association - Lessor Risk

Interest of Named Insured In Such Premises: Condominium or Homeowner Associations

Coverage	Deductible	Amount of Insurance
Property Protection		
1. Buildings		Guaranteed Replacement Cost*
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*The amount of insurance applying to the Building is the Replacement Cost at the time of the loss, subject to policy conditions and requirements. The estimated Replacement Cost of the Building is \$1,100,500		
Automatic Adjustment of Building Coverage - 4%		
Property and Inland Marine - Optional Coverages:		
Building Ordinance or Law Coverage - Increased Coverage & Income Protection 10% of Limit		\$110,050
Sewer and Drain Backup	\$500	\$25,000

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CG0099	11/85	CHANGES IN GENERAL LIABILITY FORMS FOR COMMERCIAL PACKAGE POLICIES

Processed On: 04/26/2019 (See Reverse Side)



Insured Name: 2726 W. Cortez Condominium Association
 Policy Number: Q970203667
 Policy Period: 07/20/2019 to 07/20/2020

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Schedule of Static Forms - (continued)

Form Number	Edition Date	Description
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CG0200	01/18	ILLINOIS CHANGES - CANCELLATION AND NONRENEWAL
CG2004	11/85	ADDITIONAL INSURED - CONDOMINIUM UNIT OWNERS
CG2147	12/07	EMPLOYMENT-RELATED PRACTICES EXCLUSION
CG2167	12/04	FUNGI OR BACTERIA EXCLUSION
UFB213	11/12 *	SUBSCRIBER'S AGREEMENT
CG2170	01/15	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
CG2196	03/05	SILICA OR SILICA-RELATED DUST EXCLUSION
PKGM	12/14	PUNITIVE DAMAGES COVERAGE ILLINOIS
CL0396	01/17	IMPORTANT NOTICE - DATA BREACH RESPONSE EXPENSES COVERAGE
CG2106	05/14	EXCL-ACCESS OR DISCLOSURE OF CONFIDENT OR PERS INFO AND DATA-RELATED LIAB - WITH LIMIT BOD INJ EXCEP
PKKEIL	09/17	DIRECTORS AND OFFICERS LIABILITY COVERAGE - CONDOMINIUM OR HOMEOWNERS ASSOCIATION ILLINOIS
PKUD	01/10	CONDOMINIUMS - LIABILITY COVERAGE
CG2109	06/15	EXCLUSION - UNMANNED AIRCRAFT
IL0017	11/98	COMMON POLICY CONDITIONS
IL0021	09/08	NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT (BROAD FORM)
IL0147	09/11	ILLINOIS CHANGES - CIVIL UNION
IL0162	10/13	ILLINOIS CHANGES - DEFENSE COSTS
IL0952	01/15	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
IL985F	01/15 *	DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT
PKMJ	01/10	EXCLUSION - LEAD LIABILITY
PKMD	01/10	EXCLUSION - ASBESTOS
PKMQ	12/14	EXCLUSION - PROFESSIONAL LIABILITY
PKRO	01/10	AMENDMENT OF POLICY - TWO OR MORE COVERAGE PARTS



Erie Insurance Exchange

Ultrapack Plus Policy Declarations

Renewal Certificate

Mailing Name and Address for Insured:

2726 W CORTEZ CONDOMINIUM
C/O MELINDA SGARIGLIA
2726 W CORTEZ ST UNIT 1
CHICAGO IL 60622-3419



256467518
MM1205

Other Interest:**Named Insured's Full Name:**

2726 W. Cortez Condominium Association

Agent:

MM1205 WOODMAN CISON & ASSOCIATES LLC

Policy Period:

07/20/2020 to 07/20/2021

Policy Number:

Q970203667

Agent Address and Phone

WOODMAN CISON & ASSOCIATES LLC
1400 S WOLF RD STE 201
WHEELING IL 60090-6573
847-941-9041

Policy begins at 12:01 A.M. standard time on the effective date and ends at 12:01 A.M. standard time on the expiration date. Standard time is determined at the stated address of the named insured.

The insurance applies to those premises described below. This is subject to all applicable terms of the policy and attached forms and endorsements.

Premium Summary

Total Annual Policy Premium: \$2,420.00
(This is not a bill. Your invoice will follow in a separate mailing.)

Property Protection - As Per Attached Supplemental Declarations
Deductible (Property Protection Only) \$1,000

Policy-Level Coverages**Liability Protection****Limits of Insurance****Commercial General Liability Limits of Insurance**

Each Occurrence Limit	\$1,000,000
Damage to Premises Rented to You	\$1,000,000 Any One Premises
Medical Expense limit	\$10,000 Any One Person
Personal & Advertising Injury Limit	\$1,000,000 Any One Person or Organization
General Aggregate Limit	\$2,000,000
Products/Completed Operations Aggregate Limit	\$2,000,000

Processed On: 04/26/2020 (See Reverse Side)



Insured Name: 2726 W. Cortez Condominium Association
Policy Number: Q970203667
Policy Period: 07/20/2020 to 07/20/2021

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Optional Coverages**Deductible****Amount of Insurance****Policy-Level Optional Coverages:****Property and Inland Marine - Optional Coverages:**

Terrorism

Included

General Liability - Optional Coverages:

Directors and Officers- Condominium or Homeowner Associations

Retroactive Date-07/20/12

Self-Insured Retention-\$1,000

3 Units

\$1,000,000 Each Claim/

\$2,000,000 Aggregate

Insured Name: 2726 W. Cortez Condominium Association
 Policy Number: Q970203667
 Policy Period: 07/20/2020 to 07/20/2021

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Supplemental Declarations

Location 1 / Building 1

Address:
 2726 W CORTEZ ST
 CHICAGO IL 60622-3419
County: Cook

Occupancy/Operations:
 Habitational Condominiums or Homeowners
 Association - Lessor Risk

Interest of Named Insured In Such Premises: Condominium or Homeowner Associations

Coverage	Deductible	Amount of Insurance
----------	------------	---------------------

Property Protection

- | | | |
|---|--|---------------------------------|
| 1. Buildings | | Guaranteed Replacement Cost* |
| 2. Business Personal Property and Personal Property of Others | | NIL |
| 3. Income Protection & Extra Expense | | Actual Loss Sustained 12 Months |

*The amount of insurance applying to the Building is the Replacement Cost at the time of the loss, subject to policy conditions and requirements. The estimated Replacement Cost of the Building is \$1,112,000

Automatic Adjustment of Building Coverage - 1%

Property and Inland Marine - Optional Coverages:

Building Ordinance or Law Coverage - Increased Coverage & Income Protection 10% of Limit		\$111,200
Sewer and Drain Backup	\$500	\$25,000

Schedule of Static Forms

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PKRA	06/10	ILLINOIS AMENDATORY ENDORSEMENT
CL0495	05/20 *	IMPORTANT NOTICE TO POLICYHOLDERS - ULTRAPACK PLUS PROGRAM
PK0005	05/20 *	ULTRAPACK PLUS EXTRA LIABILITY COVERAGES ILLINOIS
CG0001	04/13	COMMERCIAL GENERAL LIABILITY COVERAGE FORM

processed On: 04/26/2020 (See Reverse Side)



Insured Name: 2726 W. Cortez Condominium Association
 Policy Number: Q970203667
 Policy Period: 07/20/2020 to 07/20/2021

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Schedule of Static Forms - (continued)

Form Number	Edition Date	Description
CG0099	11/85	CHANGES IN GENERAL LIABILITY FORMS FOR COMMERCIAL PACKAGE POLICIES
CG0165	08/05	ILLINOIS CHANGES - CONDOMINIUMS
CG0200	01/18	ILLINOIS CHANGES - CANCELLATION AND NONRENEWAL
CG2004	11/85	ADDITIONAL INSURED - CONDOMINIUM UNIT OWNERS
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IL985F	01/15 *	DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT
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PKMD	01/10	EXCLUSION - ASBESTOS
PKMQ	12/14	EXCLUSION - PROFESSIONAL LIABILITY
PKRO	01/10	AMENDMENT OF POLICY - TWO OR MORE COVERAGE PARTS

ERIE INSURANCE GROUP**POLICY LOSS RUN SUMMARY****05/13/2021****POLICY TYPE: ULTRAPACK PLUS**

Named Insured: 2726 W. CORTEZ CONDOMINIUM
& SEE DEC
2726 W CORTEZ ST UNIT 1
CHICAGO IL 60622

Policy Number: Q97-0203667 08
For The Period Of: 07/20/2016 TO 07/20/2021
Agent Number: MM1205
Agent Name: WOODMAN CISON & ASSOCIATES LLC

Policy Period	No. of Claims	Total Paid	Total Outstanding Reserve	Experience Modification	
07/20/2016 TO 07/20/2017	0	0.00	0.00	N/A	
07/20/2017 TO 07/20/2018	1	8,794.13	0.00	N/A	
07/20/2018 TO 07/20/2019	1	4,451.23	0.00	N/A	
07/20/2019 TO 07/20/2020	1	13,808.50	10,000.00	N/A	
07/20/2020 TO 07/20/2021	0	0.00	0.00	N/A	

PLRS

ERIE INSURANCE GROUP		POLICY LOSS RUN		05/13/2021
Named Insured: 2726 W. CORTEZ CONDOMINIUM & SEE DEC 2726 W CORTEZ ST UNIT 1 CHICAGO IL 60622		POLICY TYPE: ULTRAPACK PLUS		
Policy Number: Q97-0203667 08		For The Period Of: 07/20/2012 TO 07/20/2021		
Agent Number: MM1205		Agent Name: WOODMAN CISON & ASSOCIATES LLC		

07/20/2017 TO 07/20/2018

Claim Number: A00000529765	Date Occurred: 10/09/2017	Claimant: 2726 W. CORTEZ CONDOMINIUM ASS		
Status: CLOSED	Sal/Sub: N	Loss Description: WEATHER INFILTRATING CONDO		
	Property	Liability	Expense	Total
Paid			8,794.13	8,794.13
Reserve				

POLICY YEAR LOSS TOTALS				
07/20/2017 TO 07/20/2018				
Total Number of Claims 1	Number of Open Claims 0			
	Property	Liability	Expense	Total
Paid			8,794.13	8,794.13
Reserve				
TOTAL			8,794.13	8,794.13

Policy Number: Q97-0203667 08
 Policy Type: Ultrapak Plus

POLICY LOSS RUN

07/20/2018 TO 07/20/2019

Claim Number: A00001765410		Date Occurred: 04/21/2019	Claimant: 2726 W. CORTEZ CONDOMINIUM		
Status: CLOSED	Sal/Sub: N		Loss Description: PIPE BURST CAUSING WATER DAMAGE		
	Property	Liability	Expense	Total	
Paid	4,451.23			4,451.23	
Reserve					

POLICY YEAR LOSS TOTALS					
07/20/2018 TO 07/20/2019					
Total Number of Claims 1		Number of Open Claims 0			
	Property	Liability	Expense	Property	Liability
Paid	4,451.23				
Reserve					
TOTAL	4,451.23				

Policy Number: Q97-0203667 08
 Policy Type: Ultrapack Plus

POLICY LOSS RUN

07/20/2019 TO 07/20/2020

Claim Number: A00002664951	Date Occurred: 06/16/2020	Claimant: MELINDA SGARIGLIA		
Status: OPEN	Sal/Sub: N	Loss Description: LAW SUITE FROM FORMER CONDOMINIUM OWNER		
	Property	Liability	Expense	Total
Paid			13,808.50	13,808.50
Reserve		10,000.00		10,000.00

POLICY YEAR LOSS TOTALS				
07/20/2019 TO 07/20/2020				
Total Number of Claims 1		Number of Open Claims 1		
	Property	Liability	Expense	Total
Paid			13,808.50	13,808.50
Reserve	10,000.00		10,000.00	10,000.00
TOTAL	10,000.00		13,808.50	23,808.50



Erie Insurance Exchange
 100 Erie Insurance Place • Erie, Pennsylvania 16530 • 814.870.2000
 Toll Free 1.800.458.0811 • Fax 814.870.3126 • www.erieinsurance.com

NOTICE OF NON-RENEWAL

DATE OF NOTICE	03/24/2021
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Policyholder SLR-030
 2726 W CORTEZ CONDOMINIUM
 C/O MELINDA SGARIGLIA
 2726 W CORTEZ ST UNIT 1
 CHICAGO, IL 60622-3419

NONRENEWAL	EFFECTIVE	POLICY NUMBER	TYPE OF POLICY	CHARGE FOR TIME POLICY WAS IN EFFECT (Cancellation Only)	AGENT AND NUMBER
12:01 A.M. STANDARD TIME	07/20/2021	Q970203667	Ultrapack Plus		WOODMAN CISON & ASSOCIATES LLC MM1205

DEAR POLICYHOLDER:

AFTER CAREFUL CONSIDERATION WE HAVE DECIDED NOT TO RENEW YOUR COMMERCIAL POLICY AS OF THE EFFECTIVE TIME AND DATE SHOWN ABOVE. YOU HAVE, THEREFORE, AT LEAST 60 DAYS TO OBTAIN NEW COVERAGE IF YOU SO DESIRE TO DO SO.

The law of your state requires that you be given information regarding your rights relating to this action. The Notice of Rights information is on the other side of this form.

READ IT CAREFULLY AND KNOW YOUR RIGHTS

If this is a Casualty policy, the reason(s) for this action is: (Not shown on Other Interest(s) copy)

Your Ultrapack Plus Policy is not being renewed because of poor claims experience. Since writing your policy on 07/20/2012, we made loss payments and incurred claims expenses in the amount of \$25,703.86, and established reserves for continuation of loss payments for losses you reported to us.

cc: Agent:
 MM1205 WOODMAN CISON & ASSOCIATES

Sincerely,

President and Chief Executive Officer

Enclosures: SEE ATTACHED CLAIMS HISTORY

10:05:49 Wednesday, March 24, 2021

PUUR Q97 0203667 2726 W. CORTEZ CONDOMINIUM AGENT MM1205 STARTING 07-20-12
 PAID LOSSES - SAL/SUB 4,451.23 * PREMIUM PAID 21,420
 OUTSTANDING RESERVES 10,000.00 PD IN/OUT LOSS RATIO 20.8 %

* ENDR PREM BEFOR 8-15-94 NOT IN PREM PAID

SECTION I - CLAIMS

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A: CL# A00002664951	DATE 06-16-20 MOD 07	LOS	RES 10,000.00
LAW SUITE FROM FORMER CONDOMINIUM OWNER		EXP	12,458.50
			S/S
			SSR
B: CL# A00001765410	DATE 04-21-19 MOD 06	LOS	4,451.23
PIPE BURST CAUSING WATER DAMAGE		EXP	
			S/S
			SSR
C: CL# A00000529765	DATE 10-09-17 MOD 05	LOS	RES
WEATHER INFILTRATING CONDO		EXP	8,794.13
			S/S
			SSR

<=== FOR DETAILS OF CLAIM, ENTER LETTER ID AND HIT ENTER

----->>> END OF CLAIM SUMMARY <<<--- 3 OF 3

RETURN		SET DFT		H COPY		END		NON-PAY		COMMENT		5 YR		HELP
ENTER		PF1		PF2		PF3		PF5		PF6		PF7		?